STANDARD CERTIFICATE OF DEATH DATE 100 AS	5. No.300	XC-None fil	Led			ALIR OF MISSOUR			1289	ነበ
SHIP NO. PRICE OF GEATH 1. PLACE OF GEATH 2. USUAL RESIDENCE (When descaude lined it familiates before to the control of the		R.# 108760	A 444 A	STANDAR	CERTIF	ICATE OF DEA	.iH	State File No	A. POL. 16.	
D. COLVEST. LOUIS D. CITY (If conside concentral miles, write BURAL and give property in the	Jan Jan	PIED MAR 2	0 1523	REG. DIST. NO.	317				<u> </u>	<u>Z</u>
D. CITY (II contains corporate litelles, write RURAL and give to the content of t	.al		TH			i				
ONN EFFERSON BARRACKS, MOTHAND STAY of Cades of Town EAST ST. LOUIS G. FILL MAME OF CLOSE to Security of the Control of Town EAST ST. LOUIS G. FILL MAME OF CLOSE OF The STATE OF TOWN EAST ST. LOUIS G. FILL MAME OF CLOSE OF The STATE OF TOWN EAST ST. LOUIS G. FILL MAME OF CLOSE OF THE STATE OF TOWN EAST ST. LOUIS G. FILL MAME OF CLOSE OF THE STATE OF TOWN EAST ST. LOUIS G. FILL MAME OF CLOSE OF THE STATE OF THE S	00/	A. COUN:Y ST.	LOUIS			7 111111				
G. FILL MAME OF CIT and a bareful or institution, site stress actions or touched HOSPITAL MODELS \$27 N. 13th STREET ADDRESS \$27 N. 13th STREET ADDRESS \$27 N	0	i OR		township) [S i	AY_ija this place)			URAL and give town	estio) ETZ	0
Type of Print REGINALD J. WILBURN DEATH 3-4-5-5	OKO .	d. Full L NAME OF (If not in hospital or institution, sive street address or location)				d. STREET (If rural, give location)				
Type of Print REGINALD J. WILBURN DEATH 3-4-5-5	BC					'			/D\	
WAYNE WILBURN BELLE MC CURLEY ALBERTA WILBURN S. WOTHER'S MADE BELLE MC CURLEY ALBERTA WILBURN S. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY FY. WAYNE WILBURN IS. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY IVEN. TO COUNTY IN INFORMANT'S SIGNATURE OR NAME (Ven. no. or unknown) IVEN. S. CALSE OF DEATH INDEASE OR CONDITION ID. CALSE OF DEATH IID. CALSE OR CONDITION IID. CALS OR CALSE OR CONDITION IID. CALSE OR CONDITION IID. CALSE OR CALSE OR CALSE OR CONDITION IID. CALSE OR CALSE OR CALSE OR CONDITION IID. CALSE OR CALS	i -	DECEASED	· · · · · · · · · · · · · · · · · · ·		·				3	(Year)
WAYNE WILBURN BELLE MC CURLEY ALBERTA WILBURN S. WOTHER'S MADE BELLE MC CURLEY ALBERTA WILBURN S. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY FY. WAYNE WILBURN IS. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY IVEN. TO COUNTY IN INFORMANT'S SIGNATURE OR NAME (Ven. no. or unknown) IVEN. S. CALSE OF DEATH INDEASE OR CONDITION ID. CALSE OF DEATH IID. CALSE OR CONDITION IID. CALS OR CALSE OR CONDITION IID. CALSE OR CONDITION IID. CALSE OR CALSE OR CALSE OR CONDITION IID. CALSE OR CALSE OR CALSE OR CONDITION IID. CALSE OR CALS	LNEN	5, SEX 0 6. 0	COLOR OR RACE	7. MARRIED, NEVEL WIDOWED, DIVOK MARRIED	MARRIED,		[last b	(In years of thems irthday) Months	Days Ho	
WAYNE WILBURN BELLE MC CURLEY ALBERTA WILBURN S. WOTHER'S MADE BELLE MC CURLEY ALBERTA WILBURN S. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY FY. WAYNE WILBURN IS. WAS DECEASED EVER IN U.S. ARMED FORCES: IS. SOCIAL SECURITY IVEN. TO COUNTY IN INFORMANT'S SIGNATURE OR NAME (Ven. no. or unknown) IVEN. S. CALSE OF DEATH INDEASE OR CONDITION ID. CALSE OF DEATH IID. CALSE OR CONDITION IID. CALS OR CALSE OR CONDITION IID. CALSE OR CONDITION IID. CALSE OR CALSE OR CALSE OR CONDITION IID. CALSE OR CALSE OR CALSE OR CONDITION IID. CALSE OR CALS	ERM.	done during most of working	N (Give kind of work killen even if retired)		NESS OR IN- DUSTRY	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ign Country)	12. CITIZE COUNTR USA	N OF WHAT
WAYNE WILEDRY BELLE MC CURLET ADDRESS IS, WAS DECEASED EVER IN U.S. ARMED FORCES! IS, SOCIAL SECURITY IT. INFORMANT'S SIGNATURE OR NAME ADDRESS (IS, WAS DECEASED EVER IN U.S. ARMED FORCES! IN U.S. ARMED FOR			j.	136. мотн	ER'S MAIDEN	NAME	14. NAME OF H	USBAND OR WIF	E	
MEDICAL CERTIFICATION The Enter only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does couse (a) stating the underlying cause test. The state only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does couse (a) stating the underlying cause test. The state only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does couse (a) stating the underlying cause test. The state only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does not mean its mode of dying, such and the deed to the discount in the mode of dying, such and the state of the down couse (a) stating the underlying cause test. DUE TO (e) 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about per line) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21a. ACCIDENT (Specify) (Day) (Test) (Bout) 21c. INJURY OCCURRED (INJURY OCCURRED INJURY OCCURRED	_	WAYNE WILBU	RN ·							
MEDICAL CERTIFICATION The Enter only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does couse (a) stating the underlying cause test. The state only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does couse (a) stating the underlying cause test. The state only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does couse (a) stating the underlying cause test. The state only openum per line for (a), (b), and (e) "This does not mean its mode of dying, such and the does not mean its mode of dying, such and the deed to the discount in the mode of dying, such and the state of the down couse (a) stating the underlying cause test. DUE TO (e) 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (s.g., in or about per line) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21a. ACCIDENT (Specify) (Day) (Test) (Bout) 21c. INJURY OCCURRED (INJURY OCCURRED INJURY OCCURRED	KĄKI Ž	(If yes, stress or unknown) (If yes, stress are or dates of service) UNITATIONITY NO. NA LICENTRAL PROCEDES TREE							DRESS	
Enter only one oscus per line for (a), (b), and (c) "This does not mean the discussion of the mode of dying, such as heart fallure, eathering, det. It means the discuss, injury, or compiler than which caused death. DUE TO (c) 12. ANTOCED The mode of dying, such as heart fallure, eathering, det. It means the discuss, injury, or compiler than which caused death. DUE TO (c) 13. DATE OF OPERA. TION 15. DATE (Breedtr) 21. NAJOR FINDINGS OF OPERATION 21. TIME (Moesth) (Day) (Year) (Hour) 21. INJURY OCCURRED WHILE AND WAS AND WHILE AND WAS	1 1	18 CAUSE OF DEATH					• ,	1 ' ' ' ' '		
Morbid conditions, if any, giving DUE TO (b) BRONCHIECTASTS, ADVANCED Morbid conditions, if any, giving DUE TO (c) Morbid conditions, if any, giving DUE TO (b) BRONCHIECTASTS, ADVANCED Morbid conditions, if any, giving DUE TO (c) The mode of dying, such as the death form that the sheart fulture, extension that the sheart fulture fulture fulture fulture fulture, extension that the sheart fulture	INK	Enter only one cause per line for (a), (b), and (c)	DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	RONCHOP	NEUMONIA, ADV	ANCED	<u> </u>		
The total of your complete course (a) stating the underlying course (a) stating to the death but not county of related to the disease or condition couring death. 19a. DATE OF OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21a. ACCIDENT SUICIDE HOMICIDE 10b. Major Findings of Operation 21a. Injury 21b. PLACE OF INJURY (a.g., in or about the course of the bade, see.) WHILE AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT WORK 21f. HOW D	CK	<u> </u>	ANTECEDENT C	AUSES	o (n) BRON	CHTECTASTS. ADVANCED			7 ye	ars
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. III. OTHER SIGNIFICANT CONDITIONS III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the death but not related to the death occurred and the death occurred	1 4	as heart failure, asthenia,	rise to the above of	e, 15 any, gwing 552 . ause (a) stating			•		1	
10 10 10 10 10 10 10 10				DUE 1	O (c)				-	·
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Hour) 21d. How DID INJURY OCCUR? 22d. Horeby certify that/I/altended the deceased from 2-25-53, 19, to 3-4-53, 19, that Year saw the deceased from XALISACKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DING		Conditions contri-	buting to the death but n	ot death	≟ o la companya di managan di man Managan di managan di m				
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Mosth) (Day) (Year) (Hour) 21d. How DID INJURY OCCUR? 22d. Horeby certify that/I/altended the deceased from 2-25-53, 19, to 3-4-53, 19, that Year saw the deceased from XALISACKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NFAI	19a. DATE OF OPERA-				:	5	26X	I _	
22 I hereby certify that/I allended the deceased from 2-25-53, 19, to 3-4-53, 19, that I tast bow the deceased YALLENDERS (Degree or title) 23b. ADDRESS (23c. DATE SIGNED VA HOSP. JEFF. BRKS, MO. 3-5-53. 24a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) Registrap's Signature 25. Funeral director's Signature Address Address Reg. Reg. Ph.D. Albert H. Hoppe, 4700 Washington Blvd.		21a. ACCIDENT SUICIDE HOMICIDE	(Apacity)	21b. PLACE OF INJURY home, farm, fastory, street	(a.g., in or about , office bldg., esc.)	21c. (CITY, TOWN, OR 1			<u> </u>	
22 I hereby certify that/I allended the deceased from 2-25-53, 19, to 3-4-53, 19, that I tast bow the deceased YALLENDERS (Degree or title) 23b. ADDRESS (23c. DATE SIGNED VA HOSP. JEFF. BRKS, MO. 3-5-53. 24a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) Registrap's Signature 25. Funeral director's Signature Address Address Reg. Reg. Ph.D. Albert H. Hoppe, 4700 Washington Blvd.	-USI	21d. TIME (Month)	(Day) (Year)	WHILEAT	NOT WHILE	211. HOW DID INJURY	OCCUR?			
ZAB. BURIAL. CREMA ZAB. DATE ZAC. NAME OF CEMETERY OR CREMATORY ZAG. LOCATION (City, town, or county) RES. FUNERAL DIRECTOR'S SIGNATURE REG. REG. REG. H. M.D. Albert H. Hoppe, 4700 Washington Blvd.	VI.Y.	22. I hereby certify that/1/allended the deceased from 2-25-53, 19, 10 3-4-53, 19, 3-4-53								
ZAB. BURIAL. CREMA ZAB. DATE ZAC. NAME OF CEMETERY OR CREMATORY ZAG. LOCATION (City, town, or county) RES. FUNERAL DIRECTOR'S SIGNATURE REG. REG. REG. H. M.D. Albert H. Hoppe, 4700 Washington Blvd.	AIR.						se causes and o	n the date state		E SICNED
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE ABOVESS REG. H. L. J. M.D. Albert H. Hoppe, 4700 Washington Blvd.		23 STGRATURE	Total Total	TALE WALL	A		F.BRKS,MC).	3-5-	53.
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE ABOVESS REG. H. L. J. M.D. Albert H. Hoppe, 4700 Washington Blvd.	RITTE	24a. BURIAL, CREMA-	24b. DATE	1	OF CEMETER			• • • • • • • • • • • • • • • • • • • •	nty)	(State)
REG. H. Let (R. N) Albert H. Hoppe, 4700 Washington Blvd.									DDRE\$3	
P. T. (Licensed Embelmer's Statement on Reverse Side)	7	335.53 REG.	Herker	1 R N Jorgan	C-M.D.	Albert H.Ho	ppe ,4700		gton	Blvd
		The second		P.T. (License	d Embelmer's	Statement on Reverse Side	•)	·		

gabl 2 1 yan

I hereby certify that the body whose name is recorded on the reve	rse side of this c	ertificate was embaln	ned by me, or by
		Student Embalmer	Ho
orking under my personal supervision.	`		

STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No. Note: The above MUST BE: SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

6261 S. 99A